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CONFIRMATION NO. 9054

SERIAL NUMBER	FILING or 371(c) DATE 10/02/2003 RULE	CLASS 053	GROUP ART UNIT 1722	ATTORNEY DOCKET NO. MCP5018
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APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

12/29/2003

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWINGS 12	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 5
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

ADDRESS

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TITLE

Zero cycle molding apparatus for manufacturing dosage forms

FILING FEE RECEIVED 1432	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.18 Fees (Issue)
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